

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 21 1937

1. PLACE OF DEATH

County Johnson
Township Chilhowee
City Chilhowee

Registration District No. 426
Primary Registration District No. 4252

File No. 41661
Registered No. 16

2. FULL NAME Daniel Leeper Day

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18th-37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta C. Day

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to Nov 18, 1937
I last saw him alive on Nov 18, 1937 Death is said to have occurred on the date stated above, at 4.30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13th 1851

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 86 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

Chronic Nephritis Date of onset Sept 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Uræmia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg MO

13. NAME Richard W. Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Sarah Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT Vance Day (ADDRESS) Clinton, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence Cem DATE II-2037 19

19. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, MO

20. FILED Nov 23, 1937 J. B. Beaty Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. B. Beaty M. D. (Address) Chilhowee MO

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
MOTHER
FATHER

57-1-1

2
1

